

Permit #: 20105

Date Issued: 1-16-96

County: Butes

Date Cancelled: 1-17-96

CONFIDENTIAL, UNTIL: \_\_\_\_\_

Date Plugged: \_\_\_\_\_

COMMENTS:

*Cancelled*

OGC FORMS	Date Received
1	
2	
3	1-16-96
3i	
4	
4i	
5	
6	
7	
8	
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples			
	chip		
	core		
Analyses			
	water		
	core		
Additional Submitted Data:			

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL ☐ DEEPEN ☐ PLUG BACK ☐for an oil well ☐ or gas well ☐ Hydrocarbon Test XNAME OF COMPANY OR OPERATOR Town Oil Co. DATE 1-16-96  
16205 W. 287 St. Paola Kansas 66071

Address

City

State

## DESCRIPTION OF WELL AND LEASE

Name of lease

Swickhamer Laughlin

Well number

6

Elevation (ground)

860

WELL LOCATION

(give footage from section lines)

2700

ft. from (N) (S) sec. line

660

ft from (E) (W) sec. line

WELL LOCATION

26-36Township 39Range 33County Bates

Nearest distance from proposed location to property or lease line:

N/A feet

Distance from proposed location to nearest drilling, completed or applied for well on the same lease:

N/A feet

Proposed depth:

75

Drilling contractor, name &amp; address

Town Oil Co.

Rotary or Cable Tools

Rotary

Approx. date work will start

1-16-96

Number of acres in lease:

120Number of wells on lease, including this well, completed in or drilling to this reservoir: 0Number of abandoned wells on lease: 0

If lease, purchased with one or more wells drilled, from whom purchased:

Name N/ANo. of Wells: 0 producing0 injection0 inactive0 abandoned

Address

Status of Bond

Single Well ☐

Amt. \_\_\_\_\_

Blanket Bond ☒Amt. \$60,000☒ ON FILE☐ ATTACHED

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.

N/A

Proposed casing program:

N/A

amt.

size

wt./ft.

cem.

Approved casing -- To be filled in by State Geologist N/A

amt.

size

wt./ft.

cem.

I, the undersigned, state that I am the \_\_\_\_\_ of the \_\_\_\_\_ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

Signature Lester TownPermit Number: 20105Approval Date: 1/16/96Approved By: Lester Town☒ Drillers log required☒ E-logs required if run☒ Core analysis required if run☒ Drill stem test info. required if run☐ Samples required☐ Samples not required

Note. This Permit not transferable to any other person or to any other location.

Remit two copies to: Missouri Oil and Gas Council  
P.O. Box 250 Rolla, Mo. 65401

One will be returned for driller's signature

WATER SAMPLES REQUIRED ☐

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.